

## Absentee Application and Certificate

Fraudulently or falsely completing this form is a Class I felony under Chapter 163 of the N.C. General Statutes.

The following people are PROHIBITED from signing the Witnesses' Certification:

For all voters: a candidate, UNLESS the candidate is the voter's near relative;  
 For voters who are patients or residents of a hospital, clinic, nursing home, or adult care home: (1) an owner, manager, director, or employee of that facility; (2) an individual who holds any federal, State, or local elective office; and (3) an individual who holds office in a State, congressional district, county or precinct political party or organization; or who is a campaign manager or treasurer for any candidate or political party.

COPHER DELYNN EASON

IBORO NC 28320

BLADEN COUNTY

Ballot #001

ISTOPHER DELYNN EASON

MVD P202/P202 Muni: 20

3/2018 - GENERAL

**Primary Request or Runoff Request**

If a Second Primary (or Runoff Election) is called, an absentee application and ballot be issued to me. (Check the box to receive eligible ballots.)

**Request for Illness/Disability**

I used or expected illness or disability. I request that I be a recipient for absentee ballots for any other to hold this calendar year in which I am eligible to check the box to receive eligible ballots.)

\* If applicable

Application and ballots should be mailed

**Voter's Certification (Required)**

I am applying for an absentee ballot. I am a duly qualified voter, registered as an affiliate of the political party indicated on this application. All information represented on this application is correct. I am entitled to vote in this election. If I am an Unaffiliated voter voting in a primary election, I am voting in the party/primary indicated on the attached label. If the party indicated is (UNA), I am voting a nonpartisan ballot.

I further certify that I marked the enclosed ballot (or it was marked for me according to my instructions) in the presence of:

two (2) witnesses who are at least 18 years of age and who are not disqualified by law to witness the casting of my absentee ballot (the witnesses must complete the Option 1 of the Witnesses' Certification).

OR  
I must complete Option 2 of the Witnesses'

20-18  
Date

Name Correction (if applicable)

**Voter Assistant Certification (If applicable)**

I certify that: The voter requested my assistance. I assisted the Voter by marking the ballot only according to the Voter's instruction; and/or I assisted the Voter in completing the Absentee Application and Certificate. I assisted the Voter only in the Voter's presence. I am the Voter's near relative or verifiable legal guardian, or I am providing assistance because a near relative or legal guardian is unavailable to assist the Voter.

Name of Assistant

Address of Assistant

X

Signature of Assistant

Date

**Witnesses' Certification**

**Option 1: Two (2) Witnesses**

(Required Unless a Notary Public is the Witness)

I certify that: I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the top of this envelope. The Voter marked the enclosed ballot in my presence, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I respected the secrecy of the ballot and the Voter's privacy. Unless I assisted the Voter at his/her request, I completed Voter Assistant Certification section.

Witness #1

*Christopher D. Eason*

Street Address (Required)

Bladenboro NC 28320

City, State and Zip (Required)

9-28-18

Date

Witness #2

*Kim Spurling*

Street Address (Required)

Bladenboro NC 28320

City, State and Zip (Required)

9-28-18

Date

**Option 2: Notary Public as Witness**

(Required Unless Two Witnesses Provided)

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the Voter personally appeared before me, was positively identified, and in my presence, the Voter marked the enclosed ballot, or caused it to be marked in the Voter's presence according to his/her instruction. The Voter signed this Absentee Application and Certificate, or caused it to be signed. I am at least 18 years old. I am not disqualified from witnessing the ballot as described in the WARNING on the top of this envelope. I respected the secrecy of the ballot and the privacy of the Voter, unless I assisted the Voter at his/her request. [Complete Voter Assistant Certification section.]

NOTE: A notary may not charge extra for witnessed and affixed a notarial seal to an absentee ballot application or certificate.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Notary Public

Commission Expiration Date \_\_\_\_\_

SEAL